

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>cm G</i>		<i>12/13/99</i>
O.I.P.E. CLASSIFIER	<i>TB</i>	<i>12/1480</i>	<i>12/10</i>
FORMALITY REVIEW			<i>12-21-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected	N ..... Non-elected
□ ..... Allowed	I ..... Interference
- (Through numeral) Canceled	A ..... Appeal
+ ..... Restricted	O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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